





## Appointment of an Authorised Representative and/or Advocate











There are three options available for appointing an authorised representative and/or advocate:

1. Login to the customer portal and submit a ticket. Please include their full name, address, email address & mobile phone number. We'll also need to know if you're appointing them as an Authorised Representative, Advocate, or both;
2. Call our Customer Service Team on 08 9466 2670; or
3. Complete and return this form.

How to complete this form:

1. Carefully complete the below form, ensuring all information provided is correct;
2. Take this form and proof of your identity (such as a Driver's Licence) to a witness as listed below;
3. Sign the form in the presence of the witness and;
4. Submit this form via:
  -  Post to Pentanet, 2/8 Corbusier Place, Balcatta WA 6021 or;
  -  Email to [support@pentanet.com.au](mailto:support@pentanet.com.au)

To protect your privacy and security and to minimise the risk of fraud, we require you to submit this form as a signed original and witnessed by one of the following persons below:

- |   |  |
|---|--|
|  A Justice of the Peace;   |  An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees; |
|  An accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership; |  A dentist;   |
|  A solicitor or barrister;   |  A pharmacist;  |
|  A police officer;   |  A medical practitioner;  |
|  An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet;  |  A chiropractor or a physiotherapist.   |

|       |                      |
|-------|----------------------|
| Date: | To: Pentanet Pty Ltd |
|-------|----------------------|

| ACCOUNT HOLDER DETAILS |                    |
|------------------------|--------------------|
| Surname:               | First Name:        |
| Address:               | Postcode:          |
| Date of Birth:         | Account Number(s): |

| AUTHORISED REPRESENTATIVE AND/OR ADVOCATE DETAILS   |   |
|---|---|
| I wish to appoint an:   | <input type="checkbox"/> Authorised Representative<br><input type="checkbox"/> Advocate |
| Surname:  | First Name:   |
| Address:  | Postcode:   |
| Email Address:  | Mobile No:  |
| Limitations of the Authorised Representative's rights (specify anything that your Authorised Representative should <b>not</b> be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they were you.): |   |
| <input type="checkbox"/> Perform billing actions  | <input type="checkbox"/> Cancel account/services  |
| <input type="checkbox"/> Perform support actions  | <input type="checkbox"/> Make a complaint   |
| <input type="checkbox"/> Make purchases   |   |

## CONTACT

By default, all contact is directed to you, the account holder. If you prefer, you can nominate your newly appointed Authorised Representative/Advocate as the primary contact moving forward. Both you and the primary contact will receive billing and service-related emails from us, providing there are no conflicting permission limitations. If we need to get in touch by telephone, we'll call the primary contact first.

Who should be the primary contact on this account?    Myself    Authorised Representative/Advocate

## MY APPOINTMENT & AUTHORITY

I authorise you to deal with the nominated person as my Advocate or Authorised Representative (as applicable). I acknowledge responsibility for anything my Advocate or Authorised Representative does on my behalf within their authority as described in this Appointment. I release you from any claim I might otherwise have against you, based on anything you do in reasonable reliance on this Appointment. You may assume that you are dealing with the relevant person if they identify themselves as such when you contact any of the contact numbers/ addresses above. The appointment continues until I revoke it in writing.

Account Holder Full Name:

Signature:

Date:

## WITNESS CONFIRMATION

I confirm that the person signing above has produced evidence of their identity.

Signature:

Name:

Qualification of witness:

Date:

Address:

Postcode: